

Health Insurance or Health Care Workers
January 17, 2008
Meeting Notes

Attendees: Ted Dick, Allicyn Wilde, Jacque Helt, Jan Paulsen
Dawna Brinkel, Katie Smith, Julie Sonderegger, Bob Maffit, Connie Leveque, Roxanne Settera, Libby Miller, Tom Osborn, Loren Hines, Kris Carlsen, Beth Anderson, Kelly Reynolds, Kendra Rose, Jenece Sharkey, Katie Spaid, Mike Hanshew, Erin McGowan Finchman, Bruce Kramer, Jeff Lustgraaf, Christiane Sikora, Mary Dalton, Judy Maynard, Deena Korting, Amanda Diaz, Kelly Williams, Abby Hulme, James Driggers

Welcome and Introductions

The group went around the room and introduced themselves. A recommendation was made to put minutes on website and also on email as a means to keep up on communication.

Background/History

Meetings were held prior to the 2007 session on how to incentivize health care workers and provide funding for health insurance to agencies that employ workers and are primarily Medicaid funded. The work began as a conversation in the governor's office. The proposal didn't make it into the legislative session so the Department's involvement in the workgroup was put on hold. Instead, the workgroup became self-governing and a few people stepped forward to keep it moving and the Department took a technical assistance role.

Survey Summary

Handouts were provided with a summary of the surveys that were conducted prior to the 2007 session. The first two were conducted by the Department in the spring of 2006. One surveyed providers and the other direct care workers. The results were tabulated and provided to the original workgroup. An additional worker survey was conducted in fall of 2006.

Session Update

Data from the surveys was used in a couple different venues. One area was Senator Cobb's bill, SB 206, and House Bill 2. Senator Cobb liked the proposal for health insurance and he got behind the process. His strategy was to get everyone in legislature to understand the proposal with a bill, not just have a budget item. The bill became Senate Bill 206. The bill was designed to look at and study the issue of health insurance for health care workers funded through Medicaid programs and authorize a pilot study.

The activity to fund the direct care worker health insurance initiative occurred in the house committee with house bill 2. This proposal attracted supporters, including AARP and SEIU. One opponent spoke up against it because of a concern about the impact on private pay.

At the end of the legislative session the Department was allocated a specific amount of money to fund health insurance for direct care workers in personal assistance and private duty nursing services. Funding was provided at 2.5 million with implementation January 2009 (see handout). The funding will be distributed as a Medicaid payment so the general fund is matched by federal funds. It will be distributed as a Medicaid payment. The funding was provided to cover personal assistant and private duty nurses who work 30 hours or more per week with a health insurance plan that cost an estimated \$450 per month.

Next Steps

The work group will reconvene for the next few months to hold a series of meetings to stake out what constitutes benchmarks for health insurance plans. The Department will work with the workgroup and health insurance commission. The Department will also work with the workgroup to establish a plan for distribution of the funding and the Department's reporting and verification process.

Insurance Benchmarks

The benchmarks will be defined to ensure that a plan has value to the recipient. Each agency can go out and select a plan that meets the benchmarks. The purpose was never to dictate a precise detailed and universal plan. It was to set a floor that revolves around certain critical features common in mid-range insurance plans.

Insure Montana

Erin McGowan presented information on Insure Montana. A handout was provided on the two pools that Insure Montana businesses can participate in this year.

Insure Montana was a joint venture from the 2005 session to get assistance to Montana's smallest business pool. The Insure Montana program was passed to assist businesses with a purchasing pool for previously uninsured businesses. There are 778 businesses served (700 businesses on a waitlist). The plan had a 12% rate increase going into the third year of coverage for 2008.

Erin encouraged the group to be careful looking at Insure Montana pool premiums because the pools are different people. Insure Montana is one place to start to look at benchmarks. The challenge is to balance what is accessible (proper access to healthcare) with what is affordable. Insure Montana has a governing board that focused on preventive medicine coverage, affordable deductibles and co-pay as standards for accessible health care.

Erin recommended that the work group proceed with the following activities:

- Invite the insurance carriers that we will be going out to for quotes to share information and determine if what we want is affordable.
- Add a few other plans that are out there in the market place to compare to Insure Montana and the state employee plan
- Have a range of benchmarks that are provided to insurance carriers prior to the meeting to review and share during the meeting

- Keep in mind that a bid for one employer group will be different than a bid for another employer group
- The smaller the group the tougher it is to get a decent rate. Also health status and average age affects rates. There are some pools that agencies can access.

Discussion

Members of the group suggested we considered dental plans.

Members suggested we use the Insure Montana plan outline as a template and complete a grid prior to coming to the next meeting with plans from other carriers.

The group recommended we invite the following Insurance carriers to present at the next meeting: Chamber Choices, New West, Blue Cross Blue Shield, SEIU Union, Monita, and Allegiance. Members were encouraged to submit other insurance carriers to Abby Hulme.

A question was raised if an agency is already paying for health insurance can they be covered under this legislation. Kelly responded that this will be covered when we get to the discussion of distribution of funds.

A recommendation was made to build in a discussion about the benchmarks every year to evaluate what is taking place.

Next Steps

The next meeting was set for Thursday, February 28 from 1:00-4:30 in the Capitol, Room 152. The Department will invite insurance carriers to present on plans that are similar to the benchmarks established by the Insure Montana and State Employee Health Insurance Plan.